FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H36007 NEW DIMENSION CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 4100 N. OCEAN DR. 4100 N. OCEAN DR. **APT. 603** APT. 603 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 616 MAIN 59-2492422 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 6 *3* 0 らゅうせ Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 5 ていてい かららん 23 28 Trust Fund Contribution Added to Fees Country & S Country 8. This corporation owes or has paid the current year Intangible 33 25 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Penrose, Gilbert 4100 N. OCEAN DR 82 Street Address (P.O. Box Number is Not Acceptable) **APT 603** 83 SINGER ISLAND FL 33404 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Gilbert PENROSE, GILBERT NAME 1.2 NAME 5380 N. OLEND DO 4100 N OCEAN DR APT 603 STREET ADDRESS 1.3 STREET ADDRESS **SINGER ISLAND FL** 33404 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Addition Change TITLE 2.1 DTLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-11-88 561